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The Honorable David A. Stockman Director, Office of Management and Budget Washington, D.C. 20503

Attention: Mr. Keith Hall

Intelligence Branch, National Security and International Affairs

Division

Dear Mr. Stockman:

I am writing to request Office of Management and Budget approval of an amendment to the Central Intelligence Agency (CIA) plan for implementing the Physicians' Comparability Allowance (PCA) program. A plan covering our Office of Medical Services was established pursuant to 5 U.S.C. 5948 and was subsequently amended to also cover six full-time staff physician positions outside of the Office of Medical Services because there existed a significant recruitment and retention problem with respect to those positions. Each of those positions requires a qualified physician as the incumbent; each is concerned with the expert application of clinical medical skills to sensitive and classified foreign intelligence analyses of influential world leaders who are of particular interest to high level United States Government consumers; and each falls into categories 2 and 4 which are described in 5 C.F.R. 595.103(b).

Since our plan was amended to include the six staff physician positions described above, the requirements of the Agency have dictated that two additional positions of this type be established. Efforts to recruit qualified candidates for these two additional positions face the same problems that have afflicted recruitment and retention for the original six positions. That is, the Agency remains at a distinct disadvantage relative to the private sector due to the highly specialized nature of the work involved, its security imposed isolation from the medical community, and our patently noncompetitive salary structure. In order to attract and retain a sufficient number of physicians for these additional positions, it will be necessary to provide a PCA for the incumbents of these

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two positions, as we have done for the incumbents of the original six positions.

We therefore request that you approve an additional amendment of the CIA's PCA program to permit two additional physician positions of the type described above to be paid a PCA. If approved, we propose to implement the PCA program with respect to these two additional physician positions in exactly the same manner as was done for the original six positions.

Sincerely,

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